



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Yulun Wang *et al.*

Application No.: 10/781,150

Filed: February 17, 2004

For: A MEDICAL TELE-ROBOTIC SYSTEM
WITH A HEAD WORN DEVICE

Examiner: Rita Leykin

Art Group: 2837

INFORMATION DISCLOSURE STATEMENT

Commissioner For Patents
Box Patent Application
Washington, D.C. 20231

Dear Sir:

In accordance with Applicant's duty of disclosure under 37 CFR §1.56, and in accordance with 37 CFR §§1.97-1.98, Applicant submits the enclosed Form PTO/SB/08A (modified), along with a copies of the foreign patents and non-patent literature therein.

Please charge the \$180.00 fee due to Deposit Account No. 09-0946. An extra copy of the Fee Transmittal is enclosed for Deposit Account charging purposes.


11/14/2005 CNGUYEN 00000051 090946 10781150

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Respectfully submitted,

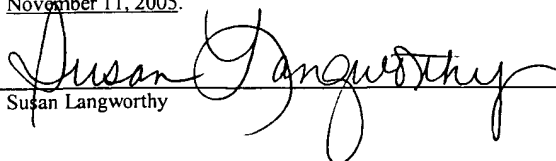
IRELL & MANELLA LLP

Dated: November 11, 2005

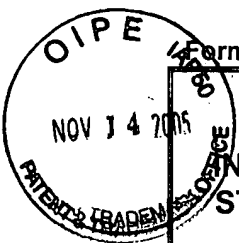

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Date



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INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				Complete if known	
				Application Number	10/781,150
				Filing Date	February 17, 2004
				First Named Inventor	Yulun Wang et al.
				Group Art Unit	2837
				Examiner Name	Rita Leykin
				Attorney Docket Number	157438-0005(P003)
Sheet	1	of	5		

U.S. PATENT DOCUMENTS						
Examiner Initials	Cite No.	U.S. Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number	Kind Code			
		3,821,995		Aghnides, Elie P.	07-02-1974	
		4,413,693		Derby, Sherwin L.	11-08-1983	
		4,471,354		Smith	09-11-1984	
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Examiner: _____ Date Considered: _____

Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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Sheet	2	of	5	Attorney Docket Number	157438-0005(P003)

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FOREIGN PATENT DOCUMENTS							
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		Office	Number	Kind Code			
		CA	2289697	A1	Fels et al.	11-12-1998	
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OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS		
Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.
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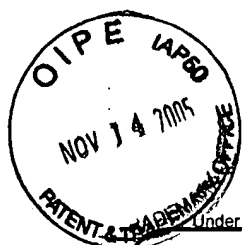
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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	11/781,150
Filing Date	February 17, 2004
First Named Inventor	Yulun Wang et al.
Art Unit	2837
Examiner Name	Rita Leykin
Attorney Docket Number	157438-0005 (P003)

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Irell & Manella LLP		
Signature			
Printed name	Ben J. Yorks		
Date	November 11, 2005	Reg. No.	33,609

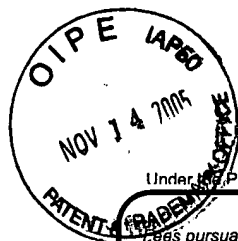
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Typed or printed name	Susan Langworthy	Date	November 11, 2005

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

Complete if Known

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Examiner Name	Rita Leykin
Art Unit	2837
Attorney Docket No.	157438-0005 (P003)

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 09-0946 Deposit Account Name: Irell & Manella, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement

Fees Paid (\$)

\$180.00

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Signature		Registration No. (Attorney/Agent) 33,609	Telephone (949) 760-0991
Name (Print/Type)	Ben J. Yorks	Date November 11, 2005	

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